DASIS STATE DATA ADVISORY GROUP MEETING

June 24-25, 2004
Minneapolis, Minnesota

SUMMARY of DASIS STATE DATA ADVISORY GROUP MEETING

June 24-25, 2004
Minneapolis, Minnesota

This was the 17th Regional Meeting to be held with State DASIS representatives. It included representatives from Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wisconsin, and Wyoming along with staff from the SAMHSA Office of Applied Studies (OAS), the Center for Substance Abuse Treatment (CSAT), Mathematica Policy Research (MPR), and Synectics for Management Decisions, Inc. (Synectics), and a representative from WESTAT.

The DASIS regional meetings are held to provide an opportunity for face-to-face discussions among State DASIS representatives, staff of OAS, and the DASIS contractors, Synectics and MPR. The meeting agenda, while planned beforehand to include items of mutual interest, is flexible to maximize the opportunity for discussing issues of particular importance to the State representatives in attendance. Through discussion and brief presentations, States are informed about recent OAS activities and are given an opportunity to share with OAS and each other their concerns and solutions to common problems in data collection and management of information.

Opening

Charlene Lewis, acting Director of the Office of Applied Studies (OAS), gave opening remarks. She emphasized the importance of these meetings to OAS and the value SAMHSA receives from the State presentations and the interchange of ideas during the meeting with the State representatives. Charlene reminded the group that comments and suggestions at these meetings often result in substantive changes in the DASIS programs. For example, a suggestion from a previous regional meeting resulted in revisions to the TEDS discharge data guidelines to emphasize the importance of reporting "date of last contact" as well as "date of discharge."

National Survey of Substance Abuse Treatment Services (N-SSATS)

Geri Mooney and Barbara Rogers of Mathematica (MPR) reported on the 2003 N-SSATS. The overall response in last year's survey was a remarkable 97.4 percent for State-approved facilities. The combined response rate for the eight States attending this meeting was 98.8 percent, with Montana, North Dakota, South Dakota, and Wyoming all achieving 100 percent.

Of the facilities sent surveys, 12.5 percent were closed or no longer provided substance abuse treatment. Forty-two percent of facilities completed the survey by mail. After two mail questionnaires have been sent to facilities without a response, survey non-respondents are called and asked to complete the survey on the telephone. In 2003, this accounted for 18.5 percent of the responses.

The remaining 23.6 percent of the respondents completed the survey on the Web. (A Web version of the survey questionnaire has been available as an option to the mail questionnaire since the 2000 N-SSATS.) Among the attending States, there was some variability, but the highest rate of Web completions was Wyoming's 31 percent.

The stability of facilities in the survey was reviewed using information from the last several years of the N-SSATS. It shows that about two-thirds of the facilities have participated in the survey for four or more consecutive years. Approximately 15 percent of facilities close each year.

The 2004 N-SSATS is currently underway. Questionnaires were mailed at the end of March and a second mailing to non-respondents was completed the last week of May. The overall response rate as of June 15 was 56 percent. The average response rate for the States at this meeting was 66 percent, with South Dakota having the highest response at 83 percent.

In June, States were asked if they had the resources and would like to assist in contacting survey non-respondents to urge their participation. Thus far, 14 States have volunteered to assist in enlisting the cooperation of non-respondents, including Minnesota, North Dakota, and Nebraska from the group attending this meeting. Wyoming offered to assist following the meeting.

It is interesting to compare the mode of completion in 2003 (mail, Web, or telephone) for the 2004 N-SSATS facilities that had completed the questionnaire using the Web as of June 15. Of those facilities using the Web thus far in 2004, 51.6 percent completed by Web in 2003, 28.8 percent completed by mail in 2003, and 11.4 percent completed by phone in 2003. Another 8.2 percent were either closed or not included in the 2003 survey.

In the 2003 N-SSATS, almost 90 percent of the responding facilities reported having Internet access. The overwhelming majority of comments from Web respondents indicate an excellent rating on the ease of using the Web questionnaire. In light of these facts, it is difficult to understand why there is still a relatively low Web response. Of those reporting that they had Internet access in 2003, only 31.5 percent completed the survey on the Web. Possible explanations are: 1) many providers may still have dial up access rather than high-speed access, and 2) although the facility has Internet access, it may not be widely available within the facility.

Inventory of Substance Abuse Treatment Services (I-SATS)

Alicia McCoy of Synectics reported on the I-SATS and the importance of States keeping the I-SATS current. It began as a database that contained State-approved treatment, prevention, and other non-treatment facilities, but it has evolved to contain five categories of facilities:

1. State-approved facilities
2. Non-State-approved facilities that the State designates as appropriate for inclusion in the National Directory and Facility Locator
3. Opioid Treatment Programs (OTPs) that are certified by CSAT
4. Non-State-approved facilities
5. Federally-owned or -operated facilities

Synectics receives information about new facilities and updates for facilities on the I-SATS through a number of different sources. The primary source of information for the I-SATS are the State substance abuse agencies. Information about new facilities and facility updates are received on a regular basis from most States through the I-SATS On-Line. Over the past several years, other important sources of facility information have emerged. With the growth and recognition of the Facility Locator, many facilities wish to be included and contact Synectics directly through e-mail and telephone. In addition, periodically Synectics performs an "augmentation" to identify and add new facilities to the I-SATS. This process generally is done by searching the directories of businesses and the American Hospital Association for treatment facilities not on the I-SATS.

Another important source of new or updated facility information is the annual N-SSATS. During these surveys, Synectics receives information about new facilities from other facilities in the

survey. Generally, facilities that are part of a "network" report other facilities in the network that did not receive the survey questionnaire. The N-SSATS survey also serves as a means for facilities to update their own information by submitting changes to name, address, and other data on the front cover of the questionnaire.

When Synectics receives a request to be listed in the I-SATS directly from a facility, staff first search the I-SATS to determine if the facility is currently in the I-SATS. If the facility is not, the facility is added as a non-State-approved facility and the facility information is e-mailed to DASIS State representatives to determine if the facility is State-approved. States usually receive these e-mails from Tara Davis, another member of the Synectics I-SATS staff. When Tara receives a response from a State regarding whether or not the facility is State-approved, she makes a notation in the I-SATS to record that the facility has been reviewed for approval.

Facilities that are added to the I-SATS and approved by the State after the file of facilities has already been "frozen" for the N-SSATS receive a Mini-N-SSATS interview. Mini-N-SSATS interviews are conducted by MPR. If a facility responds, it is added to the on-line Facility Locator during the monthly updates of the Locator. Facilities that have closed or had address changes are also removed or updated during the monthly updating process.

Because facility information is available to and used by the public through the Facility Locator and the National Directory, it is very important that the I-SATS be kept current, complete, and accurate. I-SATS On-Line and I-SATS Quick Retrieval Service (IQRS) are Internet tools that States can use to maintain their I-SATS listings. IQRS allows States to see an up-to-the-minute record of what is currently listed in the I-SATS, including all State-approved, non-State-approved, active, and inactive facilities. When additions or changes are needed, I-SATS On-Line provides an easy method for adding new facilities and changing information for facilities already on I-SATS. When additions and changes are submitted by a State using I-SATS On-Line, the information goes into a staging table for review by the I-SATS staff before the I-SATS database is updated. If there is any discrepancy between the information submitted by the State and information obtained from other sources by Synectics, Tara sends an e-mail to the State to reconcile this information. Only after any discrepancy is resolved to the satisfaction of the State is the change made to the I-SATS database.

SAMHSA Initiatives and Potential Impact on DASIS

Charlene Lewis provided an update on some recent SAMHSA activities. Charlene reported that it's highly unlikely that the bill to authorize SAMHSA will be voted on this year. However, even if the authorization bill is not passed, money for the agency will be appropriated. It is also possible that SAMSHA will have money appropriated, but will not have a spending bill. If this happens, it may affect some grants, but is unlikely to have any effect on the DASIS project.

It is expected that SAMHSA will continue to move toward performance measurement in managing the SAPT Block Grant. SAMHSA will focus more and more on measurements, whether they are in the context of Performance Partnership Grants (PPGs) or not. SAMHSA's other big goal is to establish national outcomes domains. These domains have already been published as guidelines. Most of these domains are client-centered and are compatible with TEDS.

Despite rumors to the contrary, there are no plans to change TEDS in the near future. At the moment, there is no consensus on what in TEDS needs to change. There is a consensus that,

before making changes to TEDS, SAMHSA needs to complete the current system as envisioned by making the TEDS supplementary data variables for admission records mandatory and expanding the collection of discharge records in States not currently submitting them.

SAMHSA is well aware that changes in TEDS cannot happen without money. There is a serious push to use TEDS as the core for all client-level reporting; therefore, it is likely that TEDS will be expanded at some time in the future.

SAMHSA has had outside contractors review the data systems and requirements of the various SAMHSA programs. One of the findings was that SAMHSA doesn't do a very good job in coaxing Congress and others to use data to make policy decisions. All of the Block Grant set-aside provisions that have been added since 1994, such as homelessness, HIV, pregnant women, were added, not because of an analysis of the existing data, but because of the perception that they were needed. The recommendation is for SAMHSA to do a better job of selling itself and the data to the Congress and the Office of Management and Budget (OMB).

A second recommendation is to improve coordination of data requirements within centers in SAMHSA. SAMHSA is currently working on a plan to improve coordination and eliminate duplication of data requirements. There is lots of talk about ways to improve, but nothing concrete yet.

OAS will keep States posted on these activities as they proceed. TEDS offers us the ability to track who is coming into treatment, what type of treatment clients are getting, and their status when they leave treatment. TEDS will continue to be at the core of SAMHSA data activities.

Javaid Kaiser of CSAT commented that States that are recipients of ATR grants must collect data in the seven national outcome domains. Time is limited so things must happen quickly. CSAT will recruit four States for an evaluation study of data reporting systems. These States will get some incentive money, about $75,000, and some technical assistance. The States will get two systems, the Services Accountability Information System (SAIS) and Web Infrastructure for Treatment Services (WITS). The characteristics and performance of each system will be evaluated. Currently, CSAT is sponsoring a pilot study of WITS in a couple of States.

Status of TEDS Reporting

For the first time since 1990, when TEDS reporting began, SAMHSA had data from all the States, D.C., and Puerto Rico for inclusion in the 2002 TEDS Report. As of the first of June, approximately 80 percent of the 2003 admission data had been submitted.

Currently, SAMHSA is strongly encouraging all States to report discharge data. Seven States have recently begun reporting discharges, bringing the total submitting discharge data to 31. Another 11 States are expecting to report discharges sometime this year.

Synectics is now tracking the match rate between admissions and discharges. Staff expects the match rate for discharges submitted to Synectics to approach 100 percent since all clients should, eventually, be discharged in some manner (the only exception being some methadone clients who may remain in treatment indefinitely). Currently, 93 percent of the discharges submitted have a matching admission record. From the reverse perspective, approximately 63 percent of the admission records have a matching discharge. Another general yardstick Synectics uses to evaluate reporting quality is to compare the number of discharges and admissions for a given

time period. It expects that within a given year the number of admission records and discharge records should be about the same. States with large differences will be contacted to investigate the problem.

Synectics also continues to track admission submissions. If a State falls behind, the chances are good that the State representative will get a call from Mayra Walker of Synectics to find out the reason for the delay.

SAMHSA's goal is to have all the data from a State for a calendar year by the end of the following year. Therefore, the goal this year is to have all the 2003 data in by December 30, 2004. Meeting this time schedule enables the TEDS annual report to be produced in a reasonably timely manner.

Selected Findings from TEDS Data

Leigh Henderson of Synectics reported on admissions for clients abusing narcotic analgesics. The findings are based on data for 2002 reported through March 1, 2004.

Approximately 2 percent of the 1.9 million admissions in 2002 involved narcotic analgesics. Among the 84,000 admissions in which narcotic analgesics were involved, 51 percent reported narcotic analgesics as the primary substance. From 1992 to 1997, the number of admissions was constant; however, starting in 1997, the number has been increasing each year. Oxycotin came onto the market in 1996. In 1992, five States had an admission rate equal to or greater than 24/100,000. In 1997, it increased to 11 States and in 2002 to 31 States. The number of admissions increased 22 percent between 1992 and 2002, but the number of admissions with a primary substance of narcotic analgesics increased 246 percent. Most of this increase occurred in non-metropolitan areas.

State Presentation: Iowa

The Bureau of Substance Abuse Treatment and Licensing, licenses and monitors 110 substance abuse treatment programs. These include community-based facilities, hospital-based facilities, assessment and evaluation services, and correctional facilities. The State is divided into 22 service areas. Substance abuse services are provided in all 99 counties. Iowa has collected data since 1982.

A major enhancement to Iowa's data system is the Outcome Monitoring System (OMS) of drug treatment. The monitoring system collects information for 14 variables, including primary substance, arrests, hospitalizations, employment, and income. The information is collected at intake and six months after discharge by an independent research team.

At the time of admission, 14.5 percent of clients reported no substance use in the past six months and, at follow-up, nearly one-half of the clients were abstinent and nearly twice as many clients had reduced their use of primary substance as had increased it. There was also a drop in the percent of clients arrested during the period between the end of treatment and the six-month follow-up. There were also improvements in the percent reporting four or more months of employment following discharge. This increase in percent employed was related to an increase in the number of clients reporting income. Clients reported better attendance at support group meetings such as AA and NA. In October 2000, Iowa received funds from CSAT to strengthen and improve the OMS.

Other current activities include an evaluation of Clarinda Correctional Facility's The Other Way program, an assessment of the integration of services for women with alcohol problems and domestic problems, and a grant to increase the number of adults receiving treatment for abuse of methamphetamine in the Des Moines area.

Iowa plans to use the WITS system, believing it offers a lot of opportunities. The system will be used for TEDS reporting.

State Presentation: Minnesota

Minnesota is in the process of changing its services payment system. Clients are assessed at admission and their needs are determined using a holistic approach. Based on the assessment, matching services are selected and contracted for the client. Over time, clients are reassessed and services are selected appropriate to the clients' changing needs. It is anticipated that the need for services will decline as the client improves.

Carl Haerle expects that this change may lower the number of episodes reported to TEDS but may extend the length of the episode. Correspondingly, the number of admissions reported by facilities in N-SSATS may also decline.

State Presentation: Montana

The mission of the Chemical Dependency Bureau is to provide a continuum of care in all 56 counties and to ensure the most effective and cost efficient utilization of services. The Bureau organizes and funds prevention activities and assesses Montana's need for chemical dependency treatment and prevention services. The Bureau is funded by the Federal block grant, an earmarked alcohol tax, and Medicaid funds. The Federal grant provides almost 7 million dollars a year, Medicaid approximately 1 million dollars, and the alcohol tax $656,000. Fifty-six percent of the funds go to adult treatment, 44 percent to youth.

There are 22 State-approved programs: 17 are outpatient, 2 freestanding residential programs for youth, 1 inpatient, and 2 outpatient programs for Native Americans.

In addition there are three women's and children's homes, two recovery homes, and one transitional program. The programs provide assessment and counseling services, residential and alternative living accommodations, and case management.

In fiscal year 2003, 5,855 adults and 766 youths were admitted to the programs. This represented a 9 percent increase in adult admissions and a 6 percent decrease in youth admissions. Among adults, 63 percent of the admissions had alcohol as the primary drug of abuse. The most prevalent primary drug of abuse among youths was marijuana.

The Bureau has 16 prevention contracts with State-approved programs.

Among the challenges the Bureau faces are: continuing to be effective despite loss of staff, changing the attitudes of the public to the addicted, improving the effectiveness of treatment and improving the coordination of State agencies to reduce or eliminate service gaps. There is a need to increase the infrastructure and capacity to respond to treatment gaps, expand services to Native Americans, and to expand regional continuums of care.

State Presentation: Nebraska

Nebraska has gone through several data systems changes and will shortly be in the midst of another one. In the early 1990s the Community Client Data System (CCDS) was implemented. The data collection program was given to the providers and worked well until managed care came along. Since the system couldn't handle the requirements of managed care, the CCDS was shut down and data collection moved through successive changes to a Web-based system developed by a managed care contractor. All programs were supposed to be able to receive management information from the system and to track clients but that goal was never reached and the contractors "Nebraska System" has never received full support by the contractor's top management. Recently that management instructed the Nebraska system to be integrated into the larger corporate data system necessitating yet another change in data elements and Web interface.

This time Nebraska is looking toward development of its own "in-house" data system. Negotiations are going on at this time within the larger Health and Human Service System to find staffing, funding, and data system models to support an integrated behavioral health data system covering community and institutional entities. Because the Governor is behind behavioral health reform, the expectation is that a data system will get a high priority.

Nebraska presented termination data for fiscal year 2003. Forty-two percent of the terminations completed treatment, 16 percent left against professional advice, and approximately one-third left for an other or unknown reason.

State Presentation: North Dakota

North Dakota is implementing a new management information system linking together mental health and substance abuse clients and services. A unique statewide ID has been established. Community service centers are the point of entry to the system. Clients are assessed at the community centers and services are delivered there. The system is not linked to TEDS reporting at this time, and the company that originally built the system is no longer in business. We are hampered by a major cutback in staff, including all our research staff. Currently there is no provision for collecting data from private agencies. However, we are moving ahead with the system and are being encouraged to learn how to extract and use the data.

North Dakota has seen an increase in the abuse of methamphetamines and oxycodone. This is accompanied by an increase in users injecting drugs. Alcohol binge drinking is another significant problem.

North Dakota has good services on the reservations for Native Americans, who are overrepresented for all substances.

Our experience indicates that primary use of a drug is not reliably reported, so at intake clients are asked about all substances and staff now focus treatment based on their drug use, regardless of its status as a primary, secondary, or tertiary drug of abuse.

State Presentation: South Dakota

South Dakota recently underwent a review to determine an appropriate data system. Thanks to a technical assistance project funded by CSAT, South Dakota determined its system requirements. Various "off the shelf" products were evaluated and an "off the shelf" versus "build" analysis was done including functionality and cost. The State Bureau of Information and

Telecommunications (BIT) was selected to build the new system. The new system is called State Treatment Activity Reporting System (STARS).

The new system will meet new Health Insurance Portability and Accountability Act (HIPAA) reporting requirements, incorporate billing in the system, provide the State and providers with a more flexible and user-friendly system, and combine alcohol and drug abuse data with mental health data.

The system is Web-based for both direct and batch entry, incorporates a unique ID, provides for admission, transfers, and discharges, and meets Federal and State requirements. The system is shared by the mental health and alcohol and drug abuse divisions.

The system allows users to check program eligibility for funding approval, determine income eligibility and hardship review, and conduct treatment assessment and continued stay reviews. The system also provides specific fiscal and demographic reports.

Client records will add several variables required by TEDS but not currently collected and have Performance Partnership Grant (PPG) measures while meeting State requirements.

Some of the proposed PPG measures are alcohol and drug use 30 days prior to discharge, employment status and living arrangement at time of discharge, and number of arrests six months prior to admission or discharge.

On the fiscal reporting side, the new system will accept electronic claims in the HIPAA 837P format. Providers will have access to billing reports electronically instead of waiting for a mailed copy, and State and provider staff will be able to monitor contract utilization more closely.

Plans call for the programming to be completed in November of this year, testing and training between December and February 2005, statewide training in February, and implementation by May 2005.

State Presentation: Wisconsin

In Wisconsin, social services are tracked on a statewide computer system called Human Services Reporting System (HSRS). The system tracks over 326,000 clients to whom over 1.5 billion services are provided. The system has several modules, each one related to a program area. The Alcohol and Other Drug Abuse module contains data on about 58,000 clients. This module contains the TEDS data. Wisconsin is in the second year of a State Data Infrastructure program. This initiative is directed toward improving reporting through electronic file transfers. The goal is to bring five agencies into the system each year. So far, nine agencies have received small grants to modify their systems. Currently 55 percent of the TEDS records are submitted electronically.

This initiative has seven objectives:

1. Add data items to the current client record to conform to Federal performance measures.

   A 20-member workgroup has been formed representing the stakeholders in the system. Their task is to review the Substance Abuse Block Grant voluntary performance measures published in the *Federal Register* and make recommendations for a set of performance measures. Recommendations are due by June 30, 2004.

2. Establish a system to measure access to HIV/AIDS Services, TB treatment, and co-occurring disorders.

   So far indicators for co-occurring disorders have been added to the annual survey of Substance Abuse Block Grant funded agencies.

3. Provide technical assistance to county human services departments and their respective providers to convert them to electronic reporting, thereby reducing duplicative data entry.

4. Upgrade a portion of the HSRS AODA module from an IMS database to DB2 database.

   Currently 8 of 15 fields have been converted to DB2, with the remaining 7 scheduled to be converted next year. Project staffs have developed service utilization reports accessible by the Internet. These reports can be sorted by primary drug of abuse and can be used to identify records with missing units of service. Two other reports are in the planning stage and will have service costs and performance measures.

5. Aid the development of substance abuse data infrastructure capacity for HIPAA.

   This objective has been accomplished. All data were HIPAA compliant as of October 2003.

6. Develop a single accessible data warehouse coordinating Medicaid and HSRS AODA and Mental Health Module data linked by a unique ID and accessible via a secure Internet site.

   Drug abuse staff and mental health staff have met, and costs for adding the substance abuse data to the warehouse have been estimated. Work is scheduled to begin in July. Reports combining the data are being planned.

7. Review and prepare measures for Wisconsin's substance abuse goals and objectives for Healthy People 2010.

   Data collection procedures and measures have been proposed for each of the indicators and objectives. Also underway is the development of questions measuring knowledge about and attitudes toward recovering persons to be administered in a general population survey.

State Presentation: Wyoming

There are 44 providers identified statewide. Twenty of them receive State and/or Federal support. The other 24 are under private ownership.

The system collecting TEDS data is called Wyoming Client Information System (WCIS). The system, developed in 1999, collects data on admissions and discharges. During the development of the system and subsequent revisions, providers were heavily involved. Currently, a contractor extracts the TEDS data from the WICS and submits it to Synectics through the Division.

Wyoming is in the midst of improving the client data system. The substance abuse program now has a data coordinator separate from mental health to act as an advocate for substance abuse data needs. As part of this improvement process, the data variables have been reviewed to determine needed changes. As a result of this examination, all TEDS items will become mandatory and some performance measures will be added. Currently mental heath collects payment source, income source, and insurance.

Other steps to be taken include the provision of training for providers and some quarterly data reports for the State and providers. Further in the future is an examination of the several sources of data to see if there can be more integration and the institution of useful management, clinical, and informational reports.

Accessing and Analyzing TEDS Data On-line

Charlene Lewis described and demonstrated the system available to the public for on-line analysis of substance abuse data. The Substance Abuse and Mental Health Data Archive (SAMHDA) was designed to provide researchers, academics, policymakers, service providers, and others with ready access to substance abuse and mental health data. Through the SAMHDA Web site, substance abuse data with complete documentation can be downloaded from the Internet (http://www.icpsr.umich.edu/SAMHDA). Datasets are in SAS and SPSS format, and documentation is in PDF format.

In addition to data downloads, the system provides for direct on-line analysis of the data. The Data Analysis System (DAS) was developed by the University of California at Berkeley, specifically for use on the Internet. Users can compute frequencies, cross-tabulations, means, and correlations using procedures that are user friendly. Subsets of data files can be constructed and downloaded to a local PC. Existing variables can be recoded or recomputed to create customized variables. These variables are saved on-line for 30 days. Customized datasets and codebooks can be downloaded. The documentation includes a title page, codebook notes, weighting information, bibliographic citation(s) and data disclaimer, and descriptions of imputations, data anomalies, and data problems.

State and Sub-State Estimates from the National Survey on Drug Use and Health (NSDUH)

The target sample size for the NSDUH is 67,500 respondents annually. The sample is designed to provide State estimates.

Subject to sample size limitations, direct estimates can be made at the national level for subgroups such as race, pregnant women, and for grouping of ages. Estimates can also be made for States or metropolitan areas, but generally only for large States or metro areas, or by combining several years of data.

For a selected set of outcome measures, State estimates are made using a model-based method. The survey uses a technique called Hierarchical Bayes Estimates. These estimates are a weighted estimate made by combining direct estimates for the State with an estimate for a sub-State-based national regression model.

An evaluation of model-based versus direct estimates found that model-based estimates were more precise than direct estimates but they are limited to certain pre-selected measures. Direct estimates may have a large sampling error but can be done for any variable and subgroup that

has a sufficient sample size. Sufficient sample size usually requires combining more than one year of data.

OAS, working with CSAT and the States, is trying to determine sub-State regions that are meaningful to the States. Once these are established, OAS will produce model-based estimates comparable to the ones produced for the States. They will be based on three years of data, from 1999, 2000, and 2001. Because of design changes in 2002, 2002 data cannot be combined with 2001 and earlier data.

Based on feedback from the States on this initial effort, OAS will revise the sub-State areas if needed and produce a second set of estimates based on 2002 through 2004 data. The sub-State areas require a minimum sample of 275. Preliminary sub-State areas were shown for the States attending the meeting.

Web Infrastructure for Treatment Services (WITS)

The WITS system is an Internet-based data recording and reporting system based on similar ones developed in Texas and Maryland. The system allows a State to host and providers to access it over the Internet. The system is designed to be integrated into the provider's business practices, which lowers reporting burden. The system relies on State collaboration and is supported by CSAT. It is primarily set up for substance abuse, but can incorporate mental health services.

WITS has two main functions, agency management and client management. Agency management includes organization, facility and staff management, billing, and administrative reports. Client management includes: client profile, intake, screening, assessment, admission, treatment plan, treatment review, discharge, status review, referral, wait list, client notes, and clinical reports.

The expectation is that a State will host the system, either directly or through a contractor. Providers who receive State funds can then be given access at no charge. In preparation of a move to WITS, a State must address a range of policy and business decisions.

WITS' success will rest on ongoing State collaboration. Each State will be given the source code for its own use. It is hoped that any new developments by a State would be shared with other States using WITS. So far, Alaska, Maryland, and Illinois have done this.

States installing WITS are encouraged to set up providers in a manner consistent with N-SSATS reporting, and TEDS standard data items are part of the WITS design. WITS can also produce a crosswalk from the State codes to the standard TEDS codes.

So far, Alaska, Illinois, Iowa, Nevada, and Utah are deploying WITS.

Closing Remarks

Charlene thanked all the participants for their input during the meeting and expressed her appreciation for the work State participants did in developing and making their presentations. Once again the interaction was most useful to OAS and DASIS staff.

DASIS REGIONAL MEETING AGENDA

Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wisconsin, Wyoming
June 24-25, 2004
Minneapolis, MN

Thursday

8:15 a.m. Continental Breakfast

8:45 a.m. Welcome and Introductions ..... ***Charlene Lewis, OAS***

9:00 a.m. National Survey of Substance Abuse Treatment Services (N-SSATS) ..... ***Geri Mooney, MPR***
- **$ 2003 survey response rates** ..... ***Barbara Rogers, MPR***
- **$ Facilities with Internet access**
- **$ Stability of facilities over time**
- **$ Major milestones for 2004 survey**
- **$ 2004 survey response rates to date**
- **$ Facilities responding by Web in 2004 - previous mode of response**

10:00 a.m. Inventory of Substance Abuse Treatment Services (I-SATS) ..... ***Alicia McCoy, Synectics***
- **$ Importance of I-SATS updates** ..... ***Jim Delozier, Synectics***
- **$ Approved vs. non-approved facilities and process for review**..... ***Deborah Trunzo, OAS***

10:30 a.m. BREAK

10:45 a.m. SAMHSA Initiatives and Potential Impact on DASIS ..... ***Charlene Lewis, OAS***

11:15 a.m. Treatment Episode Data Set (TEDS) ..... ***Leigh Henderson, Synectics***
- **$ The status of TEDS - Admissions and Discharge Data Sets**..... ***Jim Delozier, Synectics***
- **$ Latest findings from TEDS**
- **$ Monitoring discharge submissions**

12:30 p.m. LUNCH

1:15 p.m. State Presentations ..... ***State participants - IA, MN, MT, NE***

2:45 p.m. BREAK

3:00 p.m. State Presentations - continued ..... ***State participants - ND, SD, WI, WY***

4:30 p.m. Adjourn

Friday

8:30 a.m. **Continental Breakfast**

9:00 a.m. **Plans for Sub-state Estimates from the NSDUH** ..... ***Joe Gfroerer, OAS***

10:00 a.m. **BREAK**

10:15 a.m. **WITS** ..... ***Javaid Kaiser, CSAT***
Wade Martin, Westat

11:15 a.m. **New DASIS Products** ..... ***Doren Walker, Synectics***

11:45 a.m. **Wrap-up**

12:00 a.m. **Adjourn**

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DASIS Regional Meeting
Minneapolis, Minnesota
June 24 & 25, 2004

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